period in France and in Italy. For assessing the inpatients costs, we used the National inpatient Diagnosis Group data base in France and in Italy. We studied the patient profile, the mean length of stay and the subsequent complications. Data on outpatient care for DVT were based on literature, questionnaire filled in by practitionners, ambulatory care data base (in France) and compared to practice guidelines. Inpatient and outpatient costs were combined to provide total costs of care for DVT over an one-year period. In addition, we modelled, from published data, the risk of pulmonary embolism (PE) and DVT recurrences, and we costed these complications. **RESULTS:** The average French inpatient cost for DVT is 3,220 Euros (average length of hospital stay: 9.6 days) while this cost is 2,865 Euros in Italy (average length of hospital stay: 7 days). In both countries, the total cost of management of a DVT patient over an one-year period was calculated to be at least 30% higher than the only costs of acute care. **CONCLUSION:** The assessment of the global economic burden of DVT has to take into account the costs occurring after hospital discharge. Our approach was conservative as we did not take into account the risk of occurrence of Post Phlebitic Syndrome and its economic consequences.

PCV21

COST-EFFECTIVENESS ANALYSIS OF ABCIXIMAB, EPTIFIBATIDE, AND TIROFIBAN IN PATIENTS WITH CORONARY SYNDROMES

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BACKGROUND: In recent years, significant advances have been made in the pharmaceutical treatment of coronary syndromes. The GPIIb/IIIa receptor antagonists have been shown to increase the success rate of invasive procedures, such as PTCA. However, acquisition costs for these agents are high when compared with traditional therapy (i.e., heparin). Three GPIIb/IIIa receptor antagonists have been approved for use by the US Food and Drug Administration. **OBJECTIVE:** To assess the relative cost-effectiveness of abciximab, eptifibatide, and tirofiban when treating US patients with coronary syndromes. **METHODS:** A decision analytic model compared the three drugs on the basis of major bleeding events and myocardial infarction. Costs included those for medications and adverse events. Transition probabilities were based on published trials and clinical judgement. The time horizon for the model was 30 days. Cost-effectiveness ratios were computed for the three agents and rank order stability analysis used to test the robustness of results. A hospital perspective was adopted for the analysis. **RESULTS:** Average per-patient treatment cost was $1,393, $2,480, and $2,409 for eptifibatide, abciximab, and tirofiban, respectively. The probability of successful treatment (i.e., no bleeding or myocardial infarction) was 0.86, 0.89, and 0.78 for eptifibatide, abciximab, and tirofiban, respectively. The cost per successfully treated patient was $1,616, $2,799, and $3,080 for eptifibatide, abciximab, and tirofiban, respectively. The incremental cost of eptifibatide was $45,292 less than abciximab and $12,700 less than tirofiban per successfully treated patient. Estimates of cost-effectiveness were robust to alterations in model parameters. In order for eptifibatide and abciximab to be equally cost-effective, the bleeding rate for eptifibatide would have to increase by 26.9% or the probability of myocardial infarction for eptifibatide would have to increase by 12.8%. **CONCLUSIONS:** Results indicate that the higher costs of abciximab and tirofiban may not be justified when treating US patients with coronary syndromes. Our model was limited by the availability of event probability estimates for eptifibatide and tirofiban.

PCV22

IN-PATIENT AND OUT-PATIENT RESOURCE UTILIZATION AMONG PATIENTS WITH ACUTE ISCHEMIC STROKE—THE VA EXPERIENCE

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OBJECTIVE: To study patterns of medical resource utilization among VA patients following admission to VA hospitals for acute ischemic stroke. **METHODS:** All VA patients were identified with a first-listed live discharge diagnosis of acute ischemic stroke between 1991 and 1997. The frequency and type of re-admissions, total bed section days, and of outpatient clinic visits was measured. **RESULTS:** A total of 49,101 patients were identified. Mean age of the predominantly male (98.2%) cohort was 67.8 years and 72.5% were Caucasian. Over 48% of patients were re-hospitalized, and 13% of these re-admissions were for recurrent stroke. There were an average of 3.3 re-admissions and the mean time to readmission was 0.9 years. Readmitted patients spent most days in rehabilitation wards (26.8 days), followed bygeneral/acute medicine wards (22.5 days), surgery (15.1 days). neurology (14.9 days), and cardiology (8.5 days). Thirty-five percent of outpatient medical clinic visits were to specialty clinics and 41% of these visits were to neurology followed by cardiology (22%) and Coumadin clinics (21%). **CONCLUSIONS:** Hospitalization for recurrent stroke is high among VA stroke patients and much of the inpatient and outpatient resource utilization is associated with stroke rehabilitation and neurologic care. Efforts should focus on innovations in acute stroke treatment to improve the functional status of these patients at the time of the index admission and reduce the incidence of subsequent adverse events.